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AYLESBURY RURAL DISTRICT COUNCIL

ANNUAL REPORT FOR THE YEAR

1972

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

CHIEF PUBLIC HEALTH INSPECTOR

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MEDICAL OFFICER OF HEALTH:

DR. A. W. PRINGLE, B.A., M.B., B.CH., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH:

DR. G. SLOCOMBE, M.B., B.S., D.P.H.

CHIEF PUBLIC HEALTH INSPECTOR:

R. A. CANT, M.A.P.H.I., M.R.S.H., M.S.E.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:

D. C. MULLEY, M.A.P.H.I

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AYLESBURY RURAL DISTRICT COUNCIL

HEALTH DEPARTMENT

DR. A. W. PRINGLE
B.A., M.B., B.Ch., D.P.H.
MEDICAL OFFICER OF HEALTH

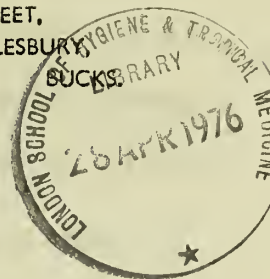
84, WALTON STREET,
AYLESBURY

July, 1973

To the Chairman and Members of the
RURAL DISTRICT COUNCIL OF AYLESBURY

Although I will be producing an Annual Report for 1973 it is very unlikely that I will be able to present it before the Aylesbury Vale District Council has taken over the reins of Local Government. This is because many of the figures come from the Registrar General's Office, and are not available before April of the following year.

Some of my colleagues will take this opportunity to look back and write about the achievements of the Health Services which have been administered by Local Authorities and will note with regret the passing of the Medical Officer of Health. For myself, I feel that these achievements are self-evident and I will content myself by saying that the greatest reduction in mortality over the last thirty years has been brought about not by the introduction of new drugs, although these have played their part, but by the near elimination of dangerous infectious diseases, the improvement in the standard of general nutrition, and better housing. To give all the credit for the improvement in general health to the preventive services would be just as misleading as to ignore the part they have played. There are so many fields where clinical and preventive medicine overlap and so many clinicians who practice good preventive medicine in their several spheres of work that sharp boundaries cannot, and should not, be drawn between these two approaches to medical practice. The fact remains, however, that a relatively small amount of the national resources which are available for expenditure on Health Services have gone to the preventive services.



This is a reflection of public attitudes which favour the more obvious benefits of being cured of ailments rather than avoiding the development of them, but there are hopeful signs of gradual change, and if the re-organisation of the National Health Service is to achieve one of its main objectives it will involve a close examination of the allocation of financial resources over the whole field of health care.

The new District Council will have a duty to maintain and expand those health services which this Council has developed over the years. A Community Physician will be seconded to it by the Area Health Board to act in an advisory capacity, particularly with regard to the control of infectious diseases and environmental health. It might seem at first sight that because the Community Physician will no longer be a Chief Officer on the staff of the new Council there might be a less effective link between them, but it would be mistaken to take this view at least while there is a generation of Community Physicians who know from experience how Local Government works. It will involve, however, a re-definition of his responsibilities in relation to the Public Health Inspectorate.

During 1972 the pace of work in connection with the projected changes in Local Government and the National Health Service gathered momentum. Both Members and Officers were engaged in accumulating facts about existing services and the presentation of alternative policies for consideration by the new Authorities. All this meant a great deal of time and hard work. As far as re-organisation of the National Health Service was concerned, the Joint Liaison Committee was formed and started its work of producing a comprehensive profile of all the medical services available in Area 36, the new Buckinghamshire. Although the broad strategy and eventual structure became clearer there were still a multitude of unknown factors as far as the practical working of the service was concerned. It now seems probable that, contrary to general expectations, the new structure will be phased in and will not be fully operative as planned for some considerable time after the appointed day.

Vital Statistics

There are several features of the vital statistics for 1972 which are worth noting. Firstly, the birth rate, although slightly above that for England and Wales, showed a small decline on the previous year. It is interesting that the rate for the rural area should be consistently about that for the country as a whole although both rates have shown a steady decline over the past 10 years. This would suggest that the trend towards smaller families assisted by the use of family planning facilities has not made so much impact in rural as urban areas. The number of illegitimate births expressed as a percentage of total live births showed a small, though welcome decline.

It is pleasant to be able to report that the infant mortality rate was less than half that for England and Wales. While it would probably be unrealistic to expect such a low figure next year there is no reason why credit should not be given for this marked reduction to the various health services involved in the ante-natal care of mothers, their delivery and health care of their infants during the first year of life. Again there were no maternal deaths.

Looking at the causes of death it is not surprising that as people live longer the degenerative diseases, particularly those affecting the circulatory system, and cancer caused the majority of deaths. It is when these occur earlier in life than might be expected that the greatest concern should be felt and evidence is gradually accumulating on ways of lessening the likelihood of this. Most, if not all, involve a change in habits or mode of living and this is invariably a slow process.

Venereal Disease

Figures obtained from the special clinic at the Royal Bucks Hospital showed that during the year three people were treated for syphilis, nineteen for gonorrhoea, and fifty-five for other venereal infections. These figures only differ marginally from the previous year, apart from the cases of syphilis. There were no cases of this disease reported for the previous two years.

Tuberculosis

There were only two cases of respiratory tuberculosis reported during the year. The previous year, 1971, only one case was notified so that at last it seems possible that in the foreseeable future a year will come when no notifications will be received for the Rural District. The same might be said of other areas which have not attracted an appreciable number of immigrants from India and Pakistan who are more prone to develop tuberculosis than British born people. It has been noted in previous Reports that there is no easy answer to the complete eradication of the disease in spite of a combined attack by vaccination of school children, effective treatment and contact tracing. It seems now that more weight must be given to the early diagnosis of cases and more thorough tracing of their contacts if the remaining reservoir of infection is to be eliminated as soon as possible, and I have had discussions with the Consultant in Chest Diseases on ways in which these might be made more effective.

Other Infectious Diseases

There were two isolated cases of food poisoning due to salmonellae. Both were investigated but it was not possible to be certain in either case of the source of infection. When a number of people are infected at the same time the outbreak is notified quickly because it is obvious from the similarity of symptoms that food poisoning is the probable cause. However, when isolated cases occur it is unusual for them to be notified until laboratory investigation confirms the cause and by then the case is unable to give a clear account of food consumed during the relevant time and the remainder of suspect food has been destroyed. Early notification is of great importance in this as in other infectious diseases.

Only 29 cases of measles were notified. This compares very favourably with some hundreds of cases which used to be notified annually before the introduction of immunisation. There is still scope for improvement in acceptance rates and this will have to take place before measles becomes a disease of the past. It is encouraging to see a complete absence of whooping cough.

Three cases of brucellosis occurred in farm workers employed on the same dairy farm in the District. It was the familiar story of farm workers and their families receiving untreated milk from the herd and it is difficult to see any end to this well-established custom. There is not much risk of them getting tuberculosis now-a-days but they are at definite risk from brucellosis and salmonellae infection. In this instance it was the diagnosis of brucellosis in the farm workers which led to investigation of the herd and the identification of infected cows. There were several young children in the families and it was possible to persuade the parents that the milk for them at least should be heated to boiling point before use.

Drug Dependence

Last year I wrote, somewhat optimistically, that the so-called soft drugs constituted the main problem in the area. During the year under review, the Drug Abuse Committee received evidence from the Police and Probation Service that the use of heroin was becoming more widespread and certainly the number of prosecutions increased. The heroin was so-called "Chinese heroin" which by the time it reached the consumer was adulterated by mixture with other powdered materials, and to that extent was not so addictive as pure heroin.

The Committee agreed that a Drug Advisory Clinic should be opened, and County Health Department premises in Aylesbury were made available to a member of the staff of the Ley Clinic, Oxford, to hold weekly sessions when advice could be given to any person referred by a social worker, or indeed from any source. It is too soon to assess whether this Clinic will fulfil a useful purpose, but the number of referrals has been low.

It is important to stress that the names of those attending the Clinic, are not disclosed to the Committee, and are only known to the social agency involved in the case.

There was some evidence towards the end of the year that this menace to young people was decreasing, locally. The Committee was also interested to learn that those placed in custody did not show any obvious withdrawal symptoms, which suggested that addiction was not far advanced.

Educational Activities

I again had the pleasure of meeting groups of final year medical students to discuss the present and future health services. I am also grateful to have had the opportunity to attend a Management Appreciation Course run by the Oxford Regional Hospital Board, and a number of seminars concerned with re-organisation.

A further two successful courses on Food Hygiene were held at the College of Further Education during the year. Twenty-seven students employed in the food industry locally passed the certificate examination, and will be available to advise their employers on food handling. These annual courses provide a pool of qualified people who must contribute to raising the level of food hygiene.

I started this Report by saying that it would almost certainly be the last which I would present to this Council. The past ten years have seen a considerable increase in the population of the Rural District and it can be taken as a compliment to the Council that so many people have chosen to come to the area to live and work. There have been considerable improvements over the whole field of health care, although much remains to be done, especially in the provision of more effective medical care for people in their homes. A start in this direction has been made by adopting a team approach which incorporates both medical and supportive services, and which in the long run should result in fewer hospital admissions.

I would like to thank the Members of the Council, both past and present, for their helpful advice, support and unfailing understanding. I have been fortunate also to have had the help of my deputy, Dr. Slocombe, and full co-operation from the Chief Public Health Inspector and from the staff of the Health Department.

I am,

Your obedient Servant,

A. W. PRINGLE,

B.A., M.B., B.Ch., D.P.H.,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

(a)	Area of the District.....	89,307 acres
(b)	Total Population (estimated mid-1972).....	38,450
(c)	Number of inhabited houses (end of 1972).... according to Rate Book...	12,526
(d)	Rateable Value.....	£1,490,928
(e)	Sum represented by a Penny Rate (new pence)....	£14,546

V I T A L S T A T I S T I C S

	1971			1972		
	Total	M	F	Total	M	F
Live Births - Legitimate	586	329	257	555	313	242
Illegitimate	38	15	23	28	14	14
Live birth rate per 1,000 population		16.1			15.2	
Birth rate (corrected)		16.6			15.5	
Birth rate for England & Wales		16.0			14.8	
Illegitimate live births per cent of total live births		6.0			5.0	
<u>Still Births</u>						
Number	11	7	4	8	4	4
Rate per 1,000 total live and still births		17.0			14.0	
Total live and still births	635	351	284	591	331	260

D E A T H S

	1971			1972		
	Total	M	F	Total	M	F
	376	186	190	398	198	200
Death Rate per 1,000 estimated population.....				<u>1971</u>	<u>1972</u>	
				9.7	10.4	
Standardised Death Rate.....				9.3	11.0	
Death Rate for England and Wales.....				11.6	12.1	
	1971			1972		
	Total	M	F	Total	M	F
<u>Infant Deaths</u>						
Number	9	7	2	4	3	1
<u>Infant mortality rates:</u>						
Total infant deaths per 1,000 total live births		14.0			7.0	
- do - Legitimate		15.0			7.0	
- do - Illegitimate		-			-	
Infant mortality rate for England & Wales		18.0			17.0	
<u>Neo-Natal mortality rate:</u>						
(Deaths under 4 weeks per 1,000 total live births)						
Number	8	7	1	2	1	1
Rate		13.0			3.0	

	1971			1972		
	Total	M	F	Total	M	F
<u>Early Neo-Natal mortality:</u>						
(Deaths under 1 week per 1,000 total live births)						
Number	7	6	1	2	1	1
Rate		11.0			3.0	
<u>Perinatal mortality:</u>						
(Still births and deaths under 1 week combined per 1,000 total live and still births)						
Number	18	13	5	10	5	5
Rate		28.0			17.0	
<hr/>						
DEATHS	FROM	CANCER	(all ages)	...	...	... 72

ANALYSIS OF DEATHS

<u>Disease</u>	<u>1972</u>		
	<u>Number</u>	<u>of</u>	<u>Deaths</u>
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Other infective and parasitic diseases	-	1	1
Malignant neoplasm, oesophagus	-	1	1
Malignant neoplasm, stomach	2	1	3
Malignant neoplasm, intestine	6	9	15
Malignant neoplasm, lung, bronchus	16	4	20
Malignant neoplasm, breast	-	6	6
Malignant neoplasm, uterus	-	2	2
Malignant neoplasm, prostate	3	-	3
Leukaemia	3	1	4
Other malignant neoplasms	8	10	18
Benign and unspecified neoplasms	-	2	2
Diabetes mellitus	-	1	1
Mental disorders	2	7	9
Multiple sclerosis	-	1	1
Other diseases of nervous system	3	2	5
Chronic rheumatic heart disease	2	6	8
Hypertensive disease	1	5	6
Ischaemic heart disease	58	54	112
Other forms of heart disease	8	8	16
Cerebrovascular disease	21	27	48
Other diseases of circulatory system	7	8	15
Influenza	-	1	1
Pneumonia	13	16	29
Bronchitis and emphysema	14	6	20
Other diseases of respiratory system	2	2	4
Peptic ulcer	2	-	2
Appendicitis	1	-	1
Cirrhosis of liver	1	-	1
Other diseases of digestive system	1	1	2
Nephritis and nephrosis	-	1	1
Hyperplasia of prostate	2	-	2
Other diseases of genito-urinary system	-	2	2
Diseases of skin, subcutaneous tissue	1	2	3
Diseases of musculo-skeletal system	-	2	2
Birth injury, difficult labour, etc.	1	1	2
Symptoms and ill defined conditions	-	2	2
Motor vehicle accidents	11	-	11
All other accidents	7	6	13
Suicide and self-inflicted injuries	2	2	4
	<u>198</u>	<u>200</u>	<u>398</u>

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES:

	<u>1971</u>		<u>1972</u>	
	<u>No.of Cases Notified</u>	<u>No.of Deaths</u>	<u>No.of Cases Notified</u>	<u>No.of Deaths</u>
Measles	7	-	29	-
Whooping Cough	6	-	-	-
Scarlet Fever	-	-	-	-
Pneumonia	-	39	-	29
Acute Meningitis	1	-	-	-
Dysentery	-	-	1	-
Food Poisoning	2	-	2	-
Infective Jaundice	1	-	1	-
Leptospirosis	-	-	-	-
Brucellosis	-	-	3	-
	<u>17</u>	<u>39</u>	<u>36</u>	<u>29</u>

T U B E R C U L O S I S

1 9 7 2

<u>Age Periods</u>	<u>New Cases Notified</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
15	1	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	1	-	-	-	-	-	-	-
65	-	-	-	-	-	-	-	-
75 +	-	-	-	-	-	-	-	-
	<u>2</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Hospitals:

The Hospitals serving the District are the Royal Bucks, Tindal General, Stoke Mandeville, St. John's and the Manor House Hospital. By agreement with the Oxford Regional Hospital Board cases of infectious disease, excluding smallpox, are now admitted to the Slade Hospital, Oxford. Cases or suspect cases of smallpox may be admitted to the Grove Hospital, Linslade, provided some hours notice of intention to admit is given.

Accident cases are taken to the Accident Department at the Royal Bucks Hospital. There are also orthopaedic and maternity beds at this Hospital.

In addition to general medical and surgical beds, and a number of smaller specialist units, Stoke Mandeville has a large unit for paraplegic patients who are admitted from a wide area.

St. John's Hospital also admits psychiatric patients from a wide area, and facilities there have been progressively expanded over the years.

The Manor House Hospital, Aylesbury, provides accommodation for mentally retarded children.

These Hospitals, having a combined total of 1,766 staffed beds, are administered by the Royal Bucks and St. John's Hospital Management Committee. Out-patients clinics associated with these Hospitals are also held at Bletchley and Buckingham, and last year 6,372 out-patient sessions were held by the group.

Pathology Laboratory, Stoke Mandeville.

Routine samples of milk, water and other specimens requiring bacteriological examination were sent to this laboratory throughout the year. Reports were received with the minimum of delay, and the help and advice given by the Medical Director were much appreciated.

Ambulance Services.

These are provided by the Bucks County Council and are under the direction of the County Medical Officer. Ten ambulances and seven dual purpose vehicles were available at the Ambulance Headquarters, Buckingham Road, for use in the Borough and surrounding districts. In addition, there is also a purpose built ambulance with an hydraulic tail lift for the conveyance of wheelchair patients. There is two-way radio link between all vehicles and Headquarters.

The Ambulance Car Service which was introduced during 1968 to supplement the directly provided services has continued to prove highly satisfactory throughout the year.

The majority of long distance cases are now conveyed by road owing to the non-availability of suitable rail accommodation. Increasing use is also being made of air travel wherever possible.

Diphtheria, Tetanus, Whooping Cough, Measles and German Measles Immunisation, and Smallpox and Poliomyelitis Vaccination.

The Bucks County Council, being the Local Health Authority as defined by the National Health Service Act, 1946, administer these services.

Treatment of Venereal Disease.

A venereal disease clinic is held regularly at the Royal Bucks Hospital, Aylesbury, where free treatment is given. This clinic is administered by the Royal Bucks and St. John's Hospitals Management Committee.

Child Health Clinics

<u>Fixed Centres</u>	<u>Sessions</u>	<u>Total number of children attending</u>	<u>Doctor attends</u>
Aston Clinton	1st & 3rd Friday	78	3rd Friday
Brill	3rd Friday	45	Each session
Grendon Underwood	2nd Monday	82	Each session
Haddenham	2nd & 4th Thursday	144	Each session (wef May/72)
Long Crendon	2nd & 4th Thursday	153	2nd Thursday
Quainton	1st Tuesday	103	Each session
Stone	4th Tuesday	77	Each session
Waddesdon	3rd Tuesday	98	Each session
Wendover	Each Monday	429	Each session
Weston Turville	3rd Thursday	76	Each session
Whitchurch	4th Friday	79	Each session
Halton	2nd & 4th Tuesday	83	-

Mobile Health Clinics

Bierton	1st Tuesday	47	Each session
Cuddington)		19	Each session
Chearsley)			
Dinton)	1st Monday	20	Each session
Shabbington	3rd Thursday	13	Each session
Ickford	3rd Thursday	20	Each session
Worminghall	3rd Thursday	12	Each session
Oakley	3rd Thursday	28	Each session

Children attending during 1972

Total number of children attending
during the year:-

Child Health Clinics	...	...	1447
Mobile Child Health Clinics	...		173
			<u>1620</u>

Child Health Clinics (Cont'd).....

There is no doubt that these Clinics will continue to serve the District after re-organisation of the National Health Service. The doctors who attend them will, however, work more closely with the hospital paediatric department and may eventually hold part-time hospital appointments and also some staff at present employed in the paediatric department may do work at the clinics. This two way exchange of duties would help to integrate the services and broaden the experience of doctors who are, after all, concerned with the whole field of child health. A step in this direction has already been taken by the establishment of a combined assessment clinic at Tindal General Hospital. Children who present particular problems in the assessment of retardation and other deviations from normal development are seen by a team primarily composed of the paediatrician, the clinic doctor, a psychologist and a physiotherapist. Other specialists such as the orthopaedic consultant can be called on when their advice is required. This team approach is proving very valuable in planning the social, educational and medical treatment required in the more complex cases.

FACTORIES ACT, 1961

PART I

1. INSPECTIONS for purposes of provisions as to health (including inspections made by the Public Health Inspectors) : -

Premises	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authority.....	8	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	53	2	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-worker's premises)	38	3	-	-
Total	99	7	-	-

PART VIII

(Sections 133 and 134)

OUTWORK

There are 16 outworkers registered in the District engaged in the making of wearing apparel. The premises in which the work is carried out have been inspected and found to be satisfactory in accordance with conditions laid down in the Act.

AYLESBURY RURAL DISTRICT COUNCIL

HEALTH & SURVEYOR'S DEPARTMENT

R. A. CANT, M.A.P.H.I., M.R.S.H., M.S.E.
CHIEF PUBLIC HEALTH INSPECTOR
& SURVEYOR

DEPUTY
D. C. MULLEY, M.A.P.H.I.

Telephone: AYLESBURY 4211 (Three lines)

84, WALTON STREET,
AYLESBURY,
BUCKS.

July, 1973

To the Chairman and Members of the
RURAL DISTRICT COUNCIL OF AYLESBURY

A review of the work of the Department for the year 1972 must inevitably be affected by the activities of the staff in connection with Reorganisation of Local Government. Much time and effort has been expended in preparing data and reports for the Working Parties and Sub-Committees of the No.2 District Committee engaged on this work. The information produced has been valuable in preparing for the various functions and duties of the new Council, and should be very useful for the officers of the new Authority when setting up the new Departments.

H O U S I N G

Improvement Grant applications again showed an increase over the previous year, totalling 166. This brings the total of improved properties to nearly 1,600 a very significant proportion of the total housing stock when allowance is made for the considerable post-war development.

Whilst the increase is welcomed and actively encouraged, there have been some aspects which give rise to concern, particularly in the speculative field. Unless there is a very clear case for action, however, I would not advocate general controls other than possibly that relating to re-sale within three years, since there is after all the discretionary power to be exercised.

A few properties continue to be represented as unfit and whilst this is bound to continue year by year, I consider there is no slum clearance problem as such in this District.

The land in the Clay Lane Clearance Area, Wendover was purchased by the Council; all tenants were rehoused and the properties demolished by the end of the year.

Information about the condition of the housing stock of the district was called for by the Department of the Environment in Circular 50/72. The following statement was approved by the Council.

" OUTLINE OF STRATEGY

1. Appraisal of the housing situation:

- a. - The area is within commuting distance of London and serves the industrial areas of Aylesbury and Cowley. There are a large number of people in the mid-upper income groups working in Administrative, Medical and Government establishments. Consequently there is great demand for rural houses and adequate funds to purchase, recondition, enlarge and modernise even the lowliest cottage.
- b. - Of approximately 9,500 private houses in the area well over 50% are post war development and 1,500 have already been brought to the 12 point standard with Improvement Grants. Many of the older houses are good residences fully up to standard and apart from a few totally unfit only approximately 850 older houses remain to be brought up to standard. Factors such as road improvement schemes preclude the rehabilitation of a few of these.
- c. - There are areas of very wet clay in the Vale of Aylesbury where drainage problems can deter house modernisation. As sewerage schemes progress improvements follow.
- d. - Surveys to ascertain whether Improvement Areas should be declared have shown that sub standard houses are for the most part individual properties.

Often the personal circumstances or wishes of the occupier are the prime factor in delaying improvement in that -

- (i) Some owner/occupiers resist modernisation on traditional or financial grounds and older people resent the disturbance of extensive works. Upon change of ownership the purchaser invariably buys with a view to modernisation.
- (ii) Remarkably few tenants have been prepared to institute or support compulsory improvement. Many prefer to be without some amenities rather than to agree to a rent increase following modernisation.

2. Policy:

Strategy is an art of war and war is no doubt needed to deal with housing problems in some areas. War, however, at best, leaves an aftermath of bitterness and in the circumstances of this district the following policy has operated and, it is felt, should continue.

- a. - The sewerage of villages as cesspool drainage in wet clay areas is not practical or economic for modern living. Sewerage schemes are in progress in six villages and house modernisation will surely follow.
- b. - Encouragement to owners to improve houses and implementation of the Improvement Grant Schemes in full. This is allied to the close personal contacts and knowledge of both councillors and officers in a rural area.
- c. - Statutory action under Part II of the Housing Act, 1957 in the comparatively small number of cases where this is necessary. It must be appreciated that the 'reasonable cost' of repair rises dramatically when a house let at a low rental is vacated and comes into the market at current values. In many cases a Demolition Order only guards against re-occupation after a tenant has been rehoused, major works to rehabilitate the dwelling are then possible and the Order is cancelled.

3. Conclusion:

- a. - Due to the high demand for housing and the shortage of available building land, house prices are high and there is a very real problem for low-income families. The trend is that, except for tied agricultural cottages, such families will be increasingly dependent upon Council housing. Since the restrictions on sale and occupation of grant aided homes have been lifted a very high proportion of cottages are passing to owner/occupiers, often via speculators, rather than being retained for letting.
- b. - It is felt that the Council's practice of pressing forward with sewerage villages, full implementation of the Improvement Grant Scheme and the occasional use of Statutory action will significantly reduce the number of sub standard houses in the next five years and that by the end of the decade the problem should be eliminated except for -
 - (i) individual cases where personal or drainage problems preclude improvement.
 - (ii) natural deterioration of buildings.
- c. - The present levels of new building and of modernisation is stretching to limits not only the resources of capable builders but of the Council's inspectorate. It has been found that builders are reluctant to price for improvement grant work and applicants have great difficulty in finding one suitable and prepared to carry out improvement schemes under Council surveillance....."

Repairs and Demolition:

112 properties were repaired as a result of formal and informal action during the year.

5 properties were represented as incapable of repair at reasonable expense and the appropriate notices were issued. As a result of these and earlier representations, 6 Closing Orders were made and 5 Undertakings to repair were accepted.

7 Demolition Orders and 7 Closing Orders were cancelled after satisfactory completion of reconditioning works. 8 properties were demolished.

Qualification Certificates:

Applications for Qualification Certificates and decisions taken thereon were as follows:-

No. of applications received (a) under Section 44(1) = 10

(b) " " 44(2) = 4

No. of certificates of provisional approval issued = 7

No. of qualification certificates issued:

(a) under Section 46(3) = 2

(b) " " 45(2) = 5

No. of applications refused - under Section 45(2) = 2

Improvement Grants:

The number of applications again shows an increase compared with last year from 141 to 166. Approvals were given to 147 Improvement and 12 Standard Grants. 7 Improvement Grants were refused. Grants, Improvement and Standard, actually paid during the year for completed works totalled £77,103.

The total figures, since the introduction of grants, up to 31st December, 1972 are as follows:-

Improvement Grants:

No. of Grants on Council property	...	...	...	3
No. of private properties covered by applications received	...	...	...	1115
No. approved	...	...	...	1024
No. refused	...	...	...	75
No. withdrawn	...	...	...	16
				<u>1115</u>
Grants paid during the year	...	...	...	<u>£74,277</u>

Standard Grants:

Total number of applications received to date ... 471

Grants actually paid during the year for completed Standard Grant works totalled £2,826 in respect of 16 properties, of which 8 were Higher Limit Grants providing, in addition to the standard amenities, 8 bathrooms.

1. Refuse Collection:

The routine collection has continued to operate smoothly with a weekly collection from each property using the sack system.

There have been difficulties in maintaining the labour force at full strength and, as expected, drivers for heavy goods vehicles are especially difficult to recruit. Fortunately the incentives offered under the bonus scheme for completion of work by an under-manned crew have successfully kept work up to date.

A marked increase in the weight and volume of refuse has been observed and is much in excess of the anticipated increase for normal growth of the area. In March 1971 the weekly weight was 135 tons, by December 1972 it had increased to 168 tons. This increase in weight and a corresponding increase in sack usage affects both the loading of vehicles and the work load of collectors. Work schedules are up dated to allow for changes but the time is approaching when a fresh work study will have to be undertaken to revise basic values. It is hoped that this can be undertaken as part of a comprehensive study for the new district council rather than in isolation prior to reorganisation.

2. Civic Amenities Act:

In my last report I commented on the increasing demand for collection of large household items.

Although the Council is obliged to provide a place to which the public can bring such items it is felt that a free collection is not only a helpful service but should reduce the amount of unauthorised dumping. Unfortunately, there is no decline in this behaviour and in some areas close to the Aylesbury boundary disgraceful conditions arise.

I am aware that because of the demands for collection and for clearance of dumping there have been delays in service and a minimal cleansing of lay bys, this position has often been aggravated by lack of drivers. In the present financial climate I have been reluctant to seek additional vehicles or labour to improve this service to the standard I would like to attain.

In the few cases where prosecutions for dumping have been taken penalties have often been low.

A contract container service has been used to assist local organisations who undertake voluntary work to clean up recreation areas and the countryside. There must be high praise for the volunteers who give up leisure time for this work.

3. Salvage:

The towing of salvage trailers has long presented a problem and with the proliferation of culs de sac in the development of villages it is necessary for them to be detached and left on the main road on numerous occasions.

After an incident where two vehicles were involved in an accident alongside a parked trailer the Council and the driver of the cleansing vehicle were fined and the driver's licence was endorsed. The Council therefore decided to discontinue the collection of salvage and the towing of trailers.

4. Refuse Disposal:

Bulk haulage of refuse for disposal at Calvort has continued and during the year joint agreement has been reached with Aylesbury Borough Council on disposal of refuse from both authorities on a contractual basis. Messrs. Kesgrave Disposals Ltd. have been awarded the contract and will erect a transfer station at Rabans Close, Aylesbury. At the end of the year the construction of the plant was well advanced.

SEWERAGE

The control of Sewage Disposal facilities now rests with the Engineer, but with the availability of new sewers, applications for connection to main drainage come in very quickly.

In addition to inspections of sewer connections and new work the Inspectors are involved with alterations to drainage and property; also advice to owners wishing to plan and carry out such work.

The sewerage of the Parishes of Chearsley and Ludgershall was commenced during the year and preparations were proceeding for further schemes during 1973.

DEPOSIT OF POISONOUS WASTE ACT 1972

The effect of this Act has been to bring to notice the nature and quantity of waste being deposited at various sites and to divert it to those sites which are most suitable.

In the opinion of Thames Conservancy the tip at Woodham is, by reason of deep underlying clay, far more suitable than some sites further south in the county. As a result a steady flow of poisonous wastes to Woodham has started and there is strong indication that this will increase rapidly in 1973.

A licence under the Bucks County Council Act controls tipping at Woodham but it must be accepted that this is a suitable site and that the Deposit of Poisonous Waste Act will exercise new measures of control. Negotiations are therefore in hand to revise the conditions of licence to permit effective and proper use of the site.

FOOD INSPECTION

The number of premises in the District subject to the Food Hygiene (General) Regulations 1970 are as follows:-

Retail Shops	...	...	...	...	184
Wholesale Shops & Warehouses	...				9
Catering Establishments and Licensed Premises	...				126
Total	...				<u>319</u>

There is also one slaughterhouse, two poultry slaughtering establishments and one cold store. The latter is also used for retaining carcasses affected with *Cysticercus Bovis* from outside the District and these have to be checked before release. Planning permission was sought for a new modern private slaughterhouse and this was awaiting approval at the end of the year.

The weight of meat (and other food) condemned was 3 cwts. 54 lbs.

No prosecutions were necessary during the year.

2 additional premises were registered for the sale of ice-cream.

WATER SUPPLY

The District is effectively covered by the Bucks Water Board. So far as this area is concerned there has been no question regarding quality during the year under review.

PEST DESTRUCTION

This work is carried out by one operator who, in addition to routine visits, attends to infestations reported by householders. Business premises are also covered but any service provided is charged for. The infestations dealt with are principally of rats and mice, but help is afforded with a variety of other pests whenever possible.

It is often difficult to identify some insect pests. In such cases the Cooper Bureau at Berkhamsted affords valuable advice on identification and method of treatment.

NUISANCES

Complaints of nuisances are almost part of the daily routine of a Public Health Department. Not all complaints however relate to statutory nuisances which can be dealt with under the Public Health Acts and related legislation, a fact that often requires tact and patience to explain to the aggrieved party. Except for a few special cases, most complaints are dealt with by informal action, and do not necessitate reporting or statutory procedure. One troublesome case merited a Prohibition Notice under the Public Health (Recurring Nuisances) Act 1969 but there were no prosecutions during the year.

LOCAL LAND CHARGES

Information concerning notices served and Planning Approvals issued is supplied when official search of the Land Charges Register is applied for. This information relates not only to Housing and Public Health Act notices but also Planning Permission conditions. 1,381 were dealt with during the year, an increase of approx 12%.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The following is a statistical summary of work under this Act during the year:-

REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	No. of premises registered during year	No. of Registered premises at the end of year.	No. of registered premises receiving a general inspection during the year
Offices	-	36	27
Retail shops	6	103	46
Wholesale shops, Warehouses	1	4	4
Catering establishments, open to the public, canteens	-	21	21
Fuel storage depots	-	-	-
<u>Total:</u>	7	164	98

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT 130

5 minor contraventions were dealt with during the year.

ANIMAL BOARDING ESTABLISHMENT ACT, 1963

8 existing Licences were renewed. Some difficulty was experienced in one case which was under consideration at the end of the year..

PET ANIMALS ACT, 1951

One Pet Shop Licence was renewed and 2 new licences issued under the Act in respect of premises at which tropical and cold water fish, terrapins and cage birds etc., are kept.

PETROLEUM STORAGE

Approval was given to the installation of a pre-payment system at one Garage but this had not been implemented before the end of the year. No problems relating to licensing arose, other than the delays in renewal which fortunately were less than usual.

A total of 84 Licences were in force at the end of the year.

There are no major installations or distributing depots in the district.

SCRAP METAL DEALERS ACT, 1964

6 registrations remained effective with this Authority at the end of the year.

STREET NAMING AND NUMBERING

Street naming and numbering was confined to new estates and similar developments, there being no extension of street naming to further villages within the District. Some re-numbering had to be undertaken to cope with new developments.

CLEAN AIR ACTS 1956 & 1968

One instrument is operated in this District in connection with the National Survey of Air Pollution. The weekly readings are recorded and sent to the Department of Scientific and Industrial Research every month.

There are no Smoke Control Areas in the District. Action under these Acts is confined to complaints of nuisance and approval of heights of chimneys which serve furnaces.

DANGEROUS BUILDINGS

Action was necessary in a number of instances concerning dangerous structures. In two cases applications were made to the Court for Orders both of which were subsequently complied with, without further action being necessary.

The volume of work in this sphere continues to increase (37%) and the process of determining applications becomes more involved. Whatever benefits are claimed for public participation in Planning it certainly has disadvantages. There can be no doubt that it is responsible for longer delays and greater restrictions and must bear some responsibility for the escalating costs of building. However, having been established, it is unlikely to be changed and must be accepted as a factor in the work of considering and determining applications for development. It should, however, be emphasised that "consultation" is not to be confused with "decision" which can only be taken by the legally established authority acting within the law.

The adequacy of sewerage and sewage disposal continues to exert a considerable influence on development in certain areas. The problems are difficult to resolve now when the Council has responsibility for such matters. One can but wonder what the future will be when control of sewage disposal passes out of the Council's hands.

The procedure for dealing with planning and building applications was not varied during the year, although possible improvements were being discussed and evaluated. The size of the reports presented to the Committee each month emphasises the need to restrict it to essentials in order that important items can have adequate time devoted to them.

I made reference in my last Annual Report to the problems associated with the enforcement of Building Regulations and the misconceptions relating to responsibility for the work as actually carried out when not seen by the Local Authority's Officers. The Defective Premises Act, 1972 received the Royal Assent on 29th June, 1972 and comes into force on 1st January, 1974. This Act could have an important bearing on such matters since it puts a duty on those concerned with the building of dwellings to carry out their work in a workmanlike and professional manner. It also makes changes as to the liability of those who sell or let any premises for injury or damage suffered as a result of defects in the state of those premises.

NEW BUILDINGS

The number of plans submitted during the year totalled 1,371

These are summarised as follows:-

Building Regulations - Town and Country Planning Acts.

Dwelling Houses

New	..	..	..	..	..	..	..	..	87 for 156 houses
Layout plans		..	..	..	..	..	..	..	27 for 179 houses
Outline applications	..		..	..	..	..	..	..	248
Conversions	..	..	..	..	..	..	..	..	59
Alterations and Additions					..	..	..	..	409
Change of Use	..	..	..	..	..	..	..	..	28

Industrial

New	..	..	..	..	..	..	..	..	15
Alterations and Additions to Factories and Workshops					..	..	..	..	23
Outline applications	..		..	..	..	..	..	..	28
Change of Use	..	..	..	..	..	..	..	..	12

Miscellaneous

Agricultural Buildings				..	..	..	..	..	87
Private Garages	..	..	..	..	..	..	..	..	191
Caravans	..	..	..	..	..	..	..	..	19
Others	..	..	..	..	..	..	..	..	113
Applications cancelled				..	..	..	..	..	25

Number of Dwellings completed

Private	..	..	..	..	..	..	..	..	63
Local Authority			..	..	..	..	..	..	42
									<u>105</u>

Appeals were lodged against 34 Refusals of permission. Decisions on 17 cases were received, of which 3 were allowed and 14 dismissed. Two appeals were withdrawn. These figures indicate the reason for the lengthening time taken in obtaining a hearing.

STAFF

Only one change occurred in the Department during the year.

Mr. J. E. Baker, Technical Assistant resigned on obtaining an appointment with Amersham Rural District Council. The vacancy in the Planning and Building section of the Department remained unfilled at the end of the year.

This will be my final Report, not only because of impending reorganisation but because it is my intention to retire during 1973. My first Annual Report was as long ago as 1935 when it was the custom for Inspectors to report individually. On every occasion I have had good reason to record my thanks to the Councillors and Staff for the courtesy and assistance I have always received. I now do so finally and take this opportunity to express my grateful appreciation particularly to the Chairmen and Vice Chairmen of the Committees I have served and the loyal Staff of the Department who have supported me.

R. A. CANT, M.A.P.H.I., M.R.S.H., M.S.E

Chief Public Health Inspector
and Surveyor.

